Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

-				
Full Name of Committee	Jay Perez for Judge	Comme		Number, if PAC
Full Name of Candidate	A G DOICOZ		D Not Apply	
Street Address	A Chairm	Office Sought	. 1	District
City	ong 57, 50 909	1)uac		Code
Calun	1643		OH (45J55 Annual Year
Type of Report (place X to the left of report	Pre-Primary Post-Primary August	Pre-General September	Post-General	
type)	Monthly Monthly	Monthly	Termination	
Amended Report?	No Report Electronically Filed? Yes No Date of	f Election		6706
For candidates only, during an el No other forms are required for a	lection year: if total contributions and expenditures each total \$500 or less duri a post-primary or post-general period, if above statement applies. See R.C. 351	ng the combined pre- and 7.10(H) for details.	post-periods at one elec	ction, check box 🗆
	1. Amount brought forward from last report	s 12	02	
	2. Total monetary contributions (From Form No. 31-A)	s 206	7 .00	
	3. Total other income (From Form No. 31-A-2)	s 254	15 00	
	4. Total funds available (sum of lines 1, 2, 3)	s 462	4 02	
	5. Total monetary expenditures (From Form No. 31-B)	s 340	9 42	5 - S
	6. Balance on hand (line 4 minus line 5)	s /214	1 60	
	7. Value of in-kind contributions received (From Form No. 31-J-1)	s —		
	8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
	9. Outstanding loans owed by committee (From Form No. 31-C)	s 254	15 00	5 3 6
	10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
	11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
	12. Value of independent expenditures made (From Form No. 31-U)	\$		
	13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	\$		
FALSIFICATION IS GUILTY	AINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION OF THE FIFTH DEGREE. AND DECLEMENT OF THE FIFTH DEGREE. AND DEGREE SIGNATURE SIGNATURE AND DEGREE SIGNATURE AND	TION FASIFICATION WALK		MITS ELECTION 9-9-04 9-04
Contribution pages	Exponentare	other 2		Total 10

Statement of Contributions Received



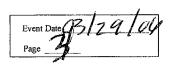
Prescribed by Secretary of State 03/05

Name of Committee in Full, Sun Derez Le	n Ju	da lomm	uttee	
Full Name of Contributor ON MUCHLING	₩		Registration Number, if Pa	AC
Street Address [1] [1] Firestal DIS		tion/Labor Organization*	!	Form (Cash, Check, etc.)
City Westermille	State OH	Zip Codd 42062	047701	250.00
Full Name of Contributor Larry Terrell			Registration Number, if Pa	AC
Street Address 12-21 Lindenwoo	En ployer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.)
Calumbus	State OH	Zip Code 73207	042206	Amount
Full Name of Contributor			Registration Number, if Pa	AC
Street Address 749 Mellaubroak	Employer/Occupat	ion/Labor Organization*		Form (Gash, Check, etc.)
city Calumbus	State OH	Zip Code 43225	043206	950 E
Full Name of Contributor Wille Rankin			Registration Number, if P	
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	042406	HU, OO
Full Name of Contributor Washa Pand			Registration Number, if Pa	
Street Address 1645 Trumansburg	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
City Thaca	BAY	14/850	050106	250,00
Full Name of Contributor 1 SM Pand			Registration Number, if P/	
Street Address Trumunshurci	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
city Ithaca	d Hy	14850	050106	250.00
Full Name of Contributor FO (M 31-F			Registration Number, if PA	·
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	032906	Amount 17 00
Full Name of Contributor FORM 31- E			Registration Number, if PA	
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	041306	260,00

Page Total **30**67,00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fund-Raising Event



Prescribed by Secretary of State 03/05

Name of Committee in Full Way Rever fer 14	da la	muittee	
Full Name of Contributor Wellnda Lannma	3		Registration Number, if PAC
Street Address 6704 Faisl Ash Land	Employer/Occupat	ion/Labor Organization*	032904 Amount 10,00
City Columbus	Sta te OH	Zip Code 43179	Form (Cash, Cifeck, etc.)
Full Name of Contributor	<u> </u>	1 195	Registration Number, if PAC
blen Rondo			
Street Address FB. V. Oaklu	Employer/Occupat	ion/Labor Organization*	032904 ZO.00
city Calumbus 0	State OH	Zip Code 43204	Form (Cash, Check, etc.)
Full Name of Contributor MUS MC(U)			Registration Number, if PAC
Street Address & Calumbus &	Employer/Occupati	ion/Labor Organization*	03290 4 40.00
Calumbus	Stal te OH	Zip Code 13204	Form (Cash, Gheck, etc.)
Full Name of Contributor Buhvts		70000	Registration Number, if PAC
Street Address Stalumbus St	Employer/Occupati	on/Labor Organization*	832904 20,00
city Calumbus	State OH	Zip Code 4 3206	Form (Cash, Check, atc.)
Full Name of Soutributor			Registration Number, if PAC
Street Address 10123 LICHING Trails	5	on/Labor Organization*	032904 20,00
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor Vat Stewns			Registration Number, if PAC
Street Address 337 N. Gldon Au	u	on/Labor Organization*	032900 Amount 10,00
city Columbus	Stal te OH	Zip Godf 3204	Form (Cash, Clieck, etc.)
Full Name of Contributor IM IM BUNNS			Registration Number, if PAC
Street Address USY (VESTVIEW Rd		on/Labor Organization*	032904 15.00
city Calumbus	State OH	Zip Code 3 202	Form (Cash, Chêck, etc.)
* Required for contributions from individuals over \$100 to statewide	d C 1 A	1-1	and formal aread the accounting and the course of

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

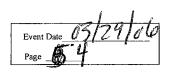
\$0.00

Page Total \$

13500

31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event



Prescribed by Secretary of State 03/05

		····	
Name of Committee in Full Aug Perez for	ndae	Committe	
Full Name of Contributor		107711000	Registration Number, if PAC
Michael Burns	In 1 10		M D Y Amount
Street Address 484 (Vestview Rd		tion/Labor Organization*	032906 15.00
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43202	Registration Number, if PAC
Lelann Marshall			Registration Number, it TAC
Street Address	Employer/Occupat	tion/Labor Organization*	M32906 100,00
City All Sward Aul	Sta te	Zip Codej	Form (Cash, Check, etc.)
Allon	ОН	43320	Check
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount
5073 Buffalo Run	Sta te	Zin Code 4	03290 440.00 Form (Cash, Check, etc.)
"In Mesterville	OH	2ip Code 430 81	Check
Full Name of Contributor			Registration Number, if PAC
Street Address A	T	ion/Labor Organization*	M D Y Amount
518 ETUWN ANG	2	-	03290687.00
city Calumbus	State OH	Zip Code 3215	Form (Cash, Cherk, etc.)
Full Name of Contributor O Seph Mas			Registration Number, if PAC
Street Address	Employer/Occupati	ion/Labor Organization*	M D Y Amount
City 204 Higwatha A	State	Zip Gode	M 329 9 0 Amount 200.00
Westerville	OH	43081	Check
Full Name of Contributor A Meda Winlan	d		Registration Number, if PAC
Street Address		ion/Labor Organization*	My DOY AMount
City 1813 Quarry Kill	State	7 in Code	03 0 00 10.00 Form (Cash, Chegk, etc.)
Calumbus 1	SH,	Zip Code 43232	rush
Full Name of Contributor TAMMY JUNEAN	\		Registration Number, if PAC
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount
3363 Winterlane Ph	_		032900 15.00
city Calumbus	Stal te OH	Zip Code 13232	Form (Cash, Check, etc.)
	10 11	4.4	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$0.00

Page Total \$ 40.00

31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event



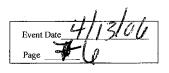
	rescribed by Secreta	ary of State 03/05	/ AA •
Name of Committee in Full War P P P P P P P P P	a Ju	da lominit	te
Full Name of Contributor Eller Mal Nal		3	Registration Number, if PAC
Street Address 128 N. Meckly VI	Employer/Occupa	ation/Labor Organization*	03290 4 5,00
city (alumbus	State OH	Zip Code 3209	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address 132/She Hield D	Employer/Occupa	ation/Labor Organization*	052904 Amount 5,00
City Palumbus	Stal te OH	Zip Colle 43230	Form (Cash, Offeck, etc.)
Full Name of Contributor () VASQUAY 16110			Registration Number, if PAC
Street Address 772 Weil Auch	Employer/Occupa	tion/Labor Organization*	037904 5,00
City Calumbus	Sta te OH	Zip Code 1320	Form (Cash, Gheck, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount
City	Star te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Required for contributions from individuals over \$100 to statewide the individual's business, if any, rather than employer should be listed labor organization of which the employees are members, if any, must	d. If two or more	employees contribute via payroll	
Fill in the boxes below only on the last page for this event.			

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

in the date column		
Total contributions this event	Total expenditures this event.	<u> </u>
\$ 0.0 0	\$0.00	
	L	Page Total \$

31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event



Prescribed by Secretary of State 03/0

<u> </u>			
Name of Committee in Full) Wy Perez for	Judd.	1 mmitle	1
Full Name of Contributor OSeAh Mas			Registration Number, if PAC
Street Address 206 Migwatha A	Employer/Occupat	tion/Labor Organization*	04/306 50,00
City Westerville	Sta te OH	Zip Code 13081	Fonn (Cash, Check, etc.)
Full Name of Contributor [Cluck thomas]			Registration Number, if PAC
Street Address 1453 (unard Rd	·	tion/Labor Organization*	04/306 Amount 100.00
City Calumbus	State OH	zip Godd 3227	Form (Cash, Check, etc.)
Full Name of Contributor Thomas Tootle			Registration Number, if PAC
Street Address 971 Hildenbaros	1.	tion/Labor Organization*	04/306 Amount 5,00
City Dublin	Stal te OH	Zip Codd 3017	Form (Gash, Check, etc.)
Full Name of Contributor TVA SULL			Registration Number, if PAC
Street Address S445. Front St		ion/Labor Organization*	04/306 Amount 35,00
city Calumbus	State OH	U3206	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address		ion/Labor Organization*	M D Y Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupati	ion/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address		ion/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$0.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Other Income Prescribed by Secretary of State 2/01

Name of Committee in Full JUY Perez ((n)	udge Commu	ttee
Full Name Form 31-C		- O	Registration Number, if PAC
Address	L-W		M D Y Amount 45,00
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	· · · · · · · · · · · · · · · · · · ·	<u></u>	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State –	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State -	Zip Code	Form (Cash, Check, etc.)
Full Name		1,	Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State –	Zip Code	Form (Cash, Check, etc.)
Full Name		1	Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	······	<u> </u>	Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH _	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type* RE		M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures



Prescribed by Secretary of State 2/01

Name of Committee in Full				
To Whom Paid Buchux Printing			03,0006	707.42
Address 217 N. Mant Ave	Ригроѕе	printina	3	
City Caly Mans	State OH	Zip Gode UZ2 15	Check Number	
To Whom Paid War of I Twisdo			0324/06	128.05
Address 2225 4th St	Purpose TUXO	do Por even	7	110.2
City Calambus	State OH	Zip Code 43215	Check Number	
To Whom Paid Wehland Consul	Lina		032406	Amount GOO OO
Address 495 4th	Purpose , \	A planning	Monsult	inc
City / Calumbus	State OH	Zip Code 1/32/15	Check Number	
To Whom Paid A IV WAWS INC	· · · · · · · · · · · · · · · · · · ·		032804	320,25
Address 7787 Mahics W	Purpose M	+-shirts		
City Lewis Center	OH OH	Zip Code	Check Number IIIII	
To Whom Paid USPS			042006	40 e 00
Address	Purpose DUS	La al		1
City	State OH	Zip Code	Check Number	
To Whom Paid Haves & Noble			051706	47,97
Address 1739 Newtoney Nive	Purpose 1019 OM	uza Honal n	ratertale	
city (alk whis	State OH	Zip Code 43212	Check Number	
To Whom Paid Richard Blake			05170U	Amount 900 (00
Address		nebsits des	in	
City	OH	Zip Code	Check Number 944444	
To Whom Paid Larry Terrence			051804	300 a 0 0
Address 1229 Lindywood	Purpose /	anner		
alumbus "	State OH	Zip Golle 3207	Check Number	

City

Statement of Expenditures

Page ______

Prescribed by Secretary of State 2/01 Name of Committee in Full Address OH To Whom Paid Address City OH To Whom Paid Address Purpose Check Number City OH Address Zip Code City Check Number OH Address State Zip Code City Check Number OH Amount Address Purpose Zip Code City Check Number OH To Whom Paid Amount Purpose Address State Zip Code City Check Number OH Amount To Whom Paid Address Purpose

Zip Code

State

OH

170,73 MF-134 Page Total \$0.00

Check Number

Statement of Loans Received

Page 10

Prescribed by Secretary of State 3/05

Full Name of Committee	0.00	r for	Mind	10 100	M inni	Hee					
From Whom Received	777	0 146	JULU	0	···		Prior Am	óunt	· · · · · · · · · · · · · · · · · · ·	Amt. Inc	Fred this Period
Address 11,55 A	able	sct	-		· · · · · ·					Outstand	ng Balance
City DUS	St ate OH	Zip Code UZZZ5		Loans Rec	eived This Per	iod Amount		P Date	'ayments	This Perio	d Amount
Date Loan was originally Incurred	M	D Y	0 4	030	\$	00.00 00.00 15.00	M	D	Y	\$	
Registration Number, if PAC			0 3	3380	6 100	0.00	JMI				
Employer/Occupation/Labor Organizati	ion*		Ď	4050	4 54	15.00	M	D	Y		
From Whom Received						-	Prior Am	ount		Amt. Inc	urred this Period
Address										Outstand	ing Balance
City	St ate OH	Zip Code		Loans Rec	eived This Per	iod Amount		P Date	'ayments	This Perio	od Amount
Date Loan was originally Incurred	M	D Y	M	D Y	\$		М	D	Y	\$	
Registration Number, if PAC			М	D Y			М	D	Y		
Employer/Occupation/Labor Organizati	ion*		М	D Y	-		M	D	Y		
										l	
From Whom Received							Prior Am	nount		Amt. Inc	urred this Period
From Whom Received Address				TO A			Prior Am	nount	y - 1		urred this Period
	State OH	Zip Code			eived This Per		Prior Am	F	Payments		ing Balance
Address	St ate	Zip Code	M	Date D Y		iod Amount	M	Date D	Y	Outstand	ing Balance
Address City Date Loan was	ОН			Date				F Date	Payments Y	Outstand	ing Balance
Address City Date Loan was originally Incurred	OH M		М	Date D Y			M	Date D	Y	Outstand	ing Balance
Address City Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organization	OH M ion* individuals of the than er	D Y	M M wide and ge listed. If	Date D Y D Y D Y general assemt	s) s) y candidates inployees con	Amount s. If contribut tribute via pa	M M or is self	Date D D D	Y Y	Outstand This Perio	and the name of
Address City Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organizati * Required for contributions from i the individual's business, if any, ralabor organization of which the er If a loan is forgiven, write "For Income (Form No. 31-A-2). Tra	on* Individuals of ather than employees are given" in tansfer total	over \$100 to state imployer should be the "Outstanding of all payments"	M M wide and ge listed. If the must also	Date D Y D Y general assembtwo or more et o appear. [R.C.	sly candidates mployees con 3517.10(B)(s. If contribut tribute via pa 4)] f all loans r	M M or is self-yroll ded	Date D D D D D D D D D D D D D D D D D D D	d, the ocid exceed	Outstand This Period \$ coupation of the aggree Statem	and the name of egate of \$100, the
Address City Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organization * Required for contributions from in the individual's business, if any, relabor organization of which the error of a loan is forgiven, write "For Income (Form No. 31-A-2). Transplanation of the Cover page (Form No. 31-A-2). Transplanation of the Cover page (Form No. 31-A-2). Transplanation of the Cover page (Form No. 31-A-2).	ion* ion* ionition in the control	over \$100 to state apployer should be members, if any the "Outstandin of all payments A).	M M wide and ge listed. If the must also	Date D Y D Y general assembtwo or more et o appear. [R.C.	sly candidates mployees con 3517.10(B)(s. If contribut tribute via pa 4)] f all loans r	M M or is self-yroll ded	Date D D D D D D D D D D D D D D D D D D D	d, the ocid exceed	Outstand This Period \$ coupation of the aggree Statem	and the name of egate of \$100, the
Address City Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organization the individual's business, if any, ralabor organization of which the error of a loan is forgiven, write "For Income (Form No. 31-A-2). Trabalance to the Cover page (Form Total prior amount \$ \$0.20 Total received this period \$ \$0.20 Total received this period \$ \$ \$0.20 Total received this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ion* ion* individuals of the properties of the	byer \$100 to state apployer should be members, if any the "Outstandin of all payments A).	wide and gelisted. If the must also gelisted in	Date D Y D Y general assembtwo or more et o appear. [R.C.	oly candidates mployees con 3517.10(B)(nsfer total o	s. If contribut tribute via pa 4)] f all loans r	M M or is self-yroll ded	Date D D D D D D D D D D D D D D D D D D D	d, the ocid exceed	Outstand This Period \$ coupation of the aggree Statem	and the name of egate of \$100, the
Address City Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organizati * Required for contributions from i the individual's business, if any, ra labor organization of which the er lf a loan is forgiven, write "For Income (Form No. 31-A-2). Tra Balance to the Cover page (For	ion* ion* individuals of the properties of the	byer \$100 to state apployer should be members, if any the "Outstandin of all payments A).	wide and gelisted. If the must also generated in the made in the must also generated the generat	Date D Y D Y D Y D Y D Y D Y D Y D Y D Y D Y	oly candidates nployees con 3517.10(B)(nsfer total o o the Statem	s. If contribut tribute via pa 4)] f all loans r	M M or is self-yroll ded	Date D D D D D D D D D D D D D D D D D D D	d, the ocid exceed	Outstand This Period \$ coupation of the aggree Statem	and the name of egate of \$100, the